

4/13/94

596

**SUPPLEMENT TO U.S. EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM
(EPA Form 8700-12)**

I. Installation's EPA I.D. Number:

PA0987342073

II. Name of Installation

CANTON MFG.

III. Location of Installation

CANTON

BRADFORD

Municipality (Township, Borough, City)

County

IV. IRS Employer Identification Number

$$\boxed{23} - \boxed{2293128}$$

V. SIC Codes (four-digit number in order of priority)

3	0	8	2
---	---	---	---

Specify: PLASTIC INT. MouldING
(APPLIANCE)

--	--	--	--

Specify:

--	--	--	--

Specify:

--	--	--	--

Specify:

VI. Type of Hazardous Waste Activity

- ☐ 1. Generator
☒ 2. Small Quantity Generator
☐ 3. Treatment
☐ 4. Storage
☐ 5. Disposal

- ☐ 6. Reuse, Recycle, Reclaim
- ☐ 7. Permit by Rule

- ☐ a. Waste H₂O Treatment Elementary Neutralization
☐ b. Reclamation (see Instructions)

VII. Existing Environmental Permits

A. NPDES (Discharges to Surface Water)

[illegible]

B. UIC (Underground Injection of Fluids)

[illegible]

C RCRA (Hazardous Waste)

[illegible]

D. PSD (Air Emissions from Proposed Sources)

[illegible]

E. Municipal Waste (As defined in Act 97)

[illegible]

F. Residual Waste

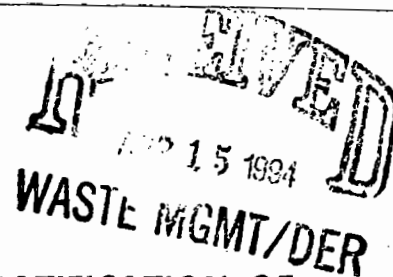
[illegible]

G. Permit by Rule

Name of POTW**POTW NPDES Number**[illegible]

H. Other

[illegible]



INSTRUCTIONS FOR SUPPLEMENT TO U S EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM (EPA FORM 8700-12).

Pennsylvania may have requirements that vary from the Federal regulations. It is your responsibility to comply with all regulations that apply to you. For more information on Pennsylvania's requirements, you are strongly urged to contact the Department at 717-787-6239.

The Notification Form should be sent to: Pennsylvania Department of Environmental Resources, Bureau of Waste Management, P.O. Box 8471, Harrisburg, PA 17105-8471.

Item I - Installation's EPA ID Number

Enter the EPA Identification Number for your facility. If you do not have an EPA Identification Number, please contact U.S. EPA Region III at 215-597-1230.

Item II - Name

Enter the legal name of the installation.

Item III - Location of Installation

Enter the municipality and county information if the physical facility location is within Pennsylvania. A municipality is the city, borough, or township within which the installation is physically located.

Item IV - IRS Employer Identification Number

Enter the Employer Identification Number assigned by the Internal Revenue Service. If you are not required to have a number enter "N/A".

Item V - SIC Codes

List, in descending order of significance, the four-digit Standard Industrial Classification (SIC) Codes which best describe your activity in terms of the principal products or services you produce or provide. Also specify each classification in words. These classifications may differ from the SIC Codes describing the operation generating the hazardous wastes.

SIC Code number are descriptions which may be found in the *Standard Industrial Classification Manual prepared by the Executive Office of the President, Office of Management and budget, which is available from the Government Printing Office, Washington, D.C. Use the current edition of the manual.*

Item VI - Type of Hazardous Waste Activity

1. Treater, 2. Storer, 3. Disposer

If you treat, store, or dispose of regulated hazardous waste, mark an "X" in the appropriate box. If you check one or more of these boxes, you are reminded that you should request a permit application.

4. Reuse, Recycle, Reclaim

If you reuse, recycle, reclaim hazardous waste, mark an "X" in this box. Attach a detailed description of your recycling activities to support your claim. Refer to the Department's regulations for requirements which may be more stringent than the Federal. Call the Department at 717-787-6239 if you have any questions.

5. Permit by Rule

If you request or claim Permit by Rule mark an "X" in this box. Attach a description of your system and other available information in support of your request.

Item VII - Existing Environmental Permits

Enter the permit number for each Federal or State permit for your location. If you have filed an application but have not yet received a permit enter the number of the application, if any. If you have more than one permit under a particular permit program, list the additional permit numbers on a separate sheet of paper. If you checked Permit by Rule in Item VI and discharge to a publicly-owned treatment works (POTW), complete Item VII, G.

PAD 987342078

SQG

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

1-No Violation Observed			2-Not Applicable	3-Not Determined	4-Non-Compliance
Status			REQUIREMENT		Citation
2	3	4			40 CFR Part 268
			Generators		
			Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
			Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
			Dilution not used as a substitute for treatment.		3
			Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.		7(a)(5), (a)(6)
			Storage Facilities		
			Facility verifies generators classification of waste in accordance with waste analysis plan.		25 Pa Code 265.13(c)
			Containers marked to identify contents and accumulation date.		50(a)(2)
			Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
			Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
			Facility maintains records of documents produced pursuant to LDR requirements.		7(a)(6)
			Treatment Facilities, including PBR and RRR Facilities		
			Dilution not used as a substitute for treatment.		3
			Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.		7(b)
			Certification and/or notification sent with shipments of waste.		7(b)(4), (b)(5), (b)(6)
			Land Disposal Facilities		
			Facility tests wastes received to assure compliance with applicable treatment standards.		7(c)(2)
			Facility land disposes of restricted waste only if it meets applicable treatment standard.		40
			Facility retains copies of generator notifications and certifications.		7(c)(1)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT - HAZARDOUS WASTE SMALL QUANTITY GENERATOR

Site I.D. PAD987342078

Telephone # 717-673-5145

Site Name Canton Manufacturing

Operator Name SAME

Address 120 E. Second St.

Address SAME

Municipality Canton

County Bradford

Responsible Official Michael Deschamps

Title Dir. of Operations

Person Interviewed Jim Moyer

Title Production Manager

Inspector Pat Brennan

Time 1330 - 1530

Due Date

072194

Inspection Date

072194

Inspection Type

04

Facility Type

SGG

Inspector ID

2437

Violation

00

Are hazardous wastes transported off-site by this generator? Yes ☒ No

If not, license number(s) and expiration dates of transporter(s): NY D057770109

1-No Violation Observed

2-Not-Applicable

3-Not-Determined

4-Non-Compliance

STATUS				REQUIREMENT	CHAPTER CITATION	LINE NUMBERS
1	2	3	4			
<input checked="" type="checkbox"/>				Amount of wastes generated per month is within small quantity generator limits. Average waste generated monthly <u>418 kg</u>	261.5(a)	H491
<input checked="" type="checkbox"/>				Amount of waste accumulated is within small quantity generator limits	261.5(d)	H492
		<input checked="" type="checkbox"/>		Hazardous waste determination (262.11)	261.5(g)(1)	H493
<input checked="" type="checkbox"/>				Records of quantities, descriptions and dispositions of all wastes retained for five years and furnished to the Department upon request	262.11(d)	H494
<input checked="" type="checkbox"/>				Storage within time limit specified (261.5(d))	261.5(g)(2)	H495
<input checked="" type="checkbox"/>				Manifest system used for off-site transport	262.20(a)	H496

261.5 Indicate below the method of handling of the waste:

☐ a. Treatment or disposal at permitted on-site facility.

Permit Number _____ Treatment _____ Disposal _____

☐ b. Delivered to a PA haz. waste facility Name of facility: _____

☐ c. Delivered to a PA municipal or residual facility with Form S approval. Name of facility: _____

☒ d. Delivered to an approved out-of-state facility. Name of facility: _____

Northern Env. Services.
☒ e. Delivered to a reclamation, reuse, or recycle facility. Name of facility: _____

Safety Kleen Corp. Industrial Park Rd. Athens PA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 7-21-94 Identification Number PAD987342078Company/Facility/Site Name Canton Manufacturing

A follow up inspection was conducted by Pat Brennan of the Dept. along with Jim Moyer, Production Manager of the facility. Ralph Agnoni, Manager of Manufacturing Eng. was not present during the inspection. The inspection was conducted to monitor the facility's compliance & correction of the violation which was observed during the previous inspection, conducted on 3-24-94.

The facility has determined that the waste generated from the printing process is a hazardous waste & is currently managing this waste stream as so. The hazardous waste determination was made by the use of the MSDS sheets for the formula 31 & the printing ink. The MSDS sheets were not observed during the inspection. This information was provided by Ralph Agnoni on July 22, 1994.

A Copy of the MSDS sheet for the Formula 31 should be submitted to the Department, FAX # 717-327-3565.

Formula 31 is utilized to clean the ink rolls on the printing press. The ink rolls are wiped clean with discarded filter material & cleanup rags. The discarded filter material is placed in a 55 gal. container & labelled haz. waste. On July 22, 1994 Mr. Agnoni informed the Department that this waste stream will be transported & disposed as a hazardous waste along with the F005/D001 hazardous waste generated on site. The facility has not had any of this waste stream transported off site.

Cleanup rags are stored in fire preventative metal containers & are sent to a commercial off. site laundry

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____ Date _____

Inspector (signature) Pat Brennan Date 7-28-94

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 7.21.94 Identification Number PAD987342078Company/Facility/Site Name Canton ManufacturingFacility, Coyne Industry Textile Services.This waste stream is no longer being disposed as a residual waste at the Bradford County L.F.A copy of the MSDS sheet for the ink, utilized in the printing press, should be submitted to the Department.One 55 gal. container of paint related waste (foos/doo) was observed on site. This waste stream is transported & disposed by Northeast Environmental Services, NYD05770109.9 55 gal. containers of "spill pick up" & 14 55 gal. containers of hydraulic oil were observed. Both of these waste streams are non-hazardous (waste determinations were made available).The "spill pick up" consist of water, Ethylene glycol, hydraulic oil & trace of mineral spirits. Safety Kleen collects the hydraulic oil while Northeast Env. Services transports & disposes the "spill pick up".Manifests were observed & landbans were attached. The facility should retain all records dealing with manifest & Safety Kleen for a period of 5 years. SEE § 262.11(d) of PA Rules & Regulations.The facility should obtain approval from the local POTW (Public Owned Treatment Works) for any substance discharged to the sewer plant. This pertains to the compressor water & bleed discharge from cooling system. Omniterix is added to the cooling system because of the calcium present in the water.The Department will review the MSDS sheets for the Formuls 31 & the printing ink.

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Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Mailed to Facility

Date _____

Inspector (signature) Pet BrennanDate 7-28-94

RCRIS MAINTENANCE FORM FOR STATE AND EPA UNIVERSE INFORMATION

EPA ID P A D 9 8 7 3 4 2 0 7 8

Facility Name Canton Manufacturing

Waste Activity Source	Type	RCRA Reg Status	RCRA Reg Description	Notification Date
Generator	<u>E</u> <u>S</u>	<u>2</u>	<u>R</u>	<u>1/21/93</u>
TSD	<u>E</u> <u>N</u>			
Transporter	<u>E</u> <u>N</u>			
Burner	<u>E</u> <u>N</u>			

Process Code Information Source E or S (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

<input checked="" type="checkbox"/> IR Inspection report	<input type="checkbox"/> Affidavit from the facility
<input type="checkbox"/> Revised Notification from the state	<input type="checkbox"/> Affidavit from the state
<input type="checkbox"/> Revised Notification from the facility	<input type="checkbox"/> Biennial report
<input type="checkbox"/> EPA clean closure certificate	<input type="checkbox"/> Documentation not required
<input type="checkbox"/> State documentation certifying clean closure	
<input type="checkbox"/> Other	
	Date to Data Entry <u>APR 23 1993</u>
	Batch Number <u>59</u>
	Date QAd <u>JUL 22 1993</u>

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

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X				Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
X				Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
X				Dilution not used as a substitute for treatment.		3
X				Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.		7(a)(5), (a)(6)
				Storage Facilities		
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RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1141D1918171314121017181 Date: 6-2-94

FACILITY NAME CANTON Mfg.

New Facility Name

Name Change _____

Location of Installation

Street _____

City/Town _____ State _____ Zip _____

County Code _____ County Name _____

Installation Mailing Address

Street 120 EAST SECOND ST.

City/Town _____ State _____ Zip _____

Installation Contact

Last Name Agoni First Ralph

Job Title Mfg. Eng. Mgr. Phone # _____

Street _____

City/Town _____ State _____ Zip _____

Ownership

Name of Legal Owner _____

Street _____

City/Town _____ State _____ Zip _____

Phone # (____) _____ Land Type P Owner Type P

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

✓ D001 D039 F001 _____

✓ F005 _____

Updated in RCRIS by RR Date 6.16.94

Waste Activity Type RCRA Reg. Status RCRA Reg. Desc.

Generator
TSD

Transporter

Mode of Transportation:

Air _____ Rail _____ Highway _____ Water _____ Other _____

Burner/Blender

B Boiler and/or Industrial Furnace (BIF) only.

D BIF only; Smelter Deferral.

E BIF only; Small Quantity Exemption claimed.

N Not a Burner/Blender, Verified.

X Other Burner/Blender Activity.

Blank Unverified.

HWF Market to Burner

X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities.

Blank No activity.

HWF Other Market

X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.

HWF Burner

B Boiler and/or Industrial Furnace.

X Indication of activity.

OSO Market to Burner

X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.

OSO Other Market

X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).

OSO Burner

B Boiler and/or Industrial Furnace.

X Indication of Activity.

SO ACT:

Code indicating that the handler is engaged in marketing of specification fuel oil activities.

B Boiler and/or Industrial Furnace.

X Indication of Activity.

Burner Types

Utility Boiler _____ Industrial Boiler _____ Ind. Furnace _____

Underground Injection Control

X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

Recycler:

C Commercial

R Non-Commercial Recycler

N Not a Recycler, Verified

Blank Not a recycler, unverified.

Refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number

PAD987342078

Name of Installation (Include company and specific site name)

ANTON MFG.

Location of Installation (Physical address not P.O. Box or Route Number)

Street

20 EAST SECOND ST

Street (Continued)

City or Town

ANTON

State

Zip Code

PA

17724-0097

County Code

County Name

BRADFORD

Installation Mailing Address (See Instructions)

Street or P.O. Box

NAME

City or Town

State

Zip Code

Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

GNONI

(First)

RAZPH

Job Title

FG ENG MGR

Phone Number (Area Code and Number)

717-673-5145

Installation Contact Address (See Instructions)

Contract Address
Mailing Other

B. Street or P.O. Box

SAME

City or Town

State

Zip Code

Ownership (See Instructions)

Name of installation's Legal Owner

HOP-VAC CORP.

Street, P.O. Box, or Route Number

323 REACH RD.

City or Town

State

Zip Code

WILLIAMSPORT

PA

17701-

Phone Number (Area Code and Number)

17-326-0502

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)
Month Day Year

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

RCRIS: Notification View Screen 2 of 6
EPA Id: PAD987342078 Other Id: Merge Send: Y
Date Received(MMDDYY): 061891 Source(N/E/S): N Non-Notifier Flag:
Date Acknowledged (MMDDYYYY): Send Acknowledgement:
Name of Installation: CANTON MANUFACTURING CORP
Installation Location Address
Streets: 120 E SECOND ST
City: CANTON State: PA Zip: 17724
County Code: 015 County Name: BRADFORD
Installation Mailing Address
Streets: PO BOX 97
City: CANTON State: PA Zip: 17724
Contact Information
Last Name First Name Title Phone Address(M,L,O)
HILFIGER LESTER ENGRIN RING MG 7176735145 L
Streets: 120 E SECOND ST
City: CANTON State: PA Zip: 17724
Land Type:
Enter-Continue F1-Previous Screen F3-Exit

RCRIS: Notification View Screen 3 of 6
EPA Id: PAD987342078 Other Id: Source: N
Owner Sequence Number: 1
Ownership: SHOP VAC CORPORATION Type of Owner: P
Address of Owner/Operator
Street: 2323 REACH RD
City: WILLIAMSPORT State: PA Zip Code 17701
Phone: 7173260502
Current/Previous Indicator: CO Change Date(MMDDYY):

Enter-Continue F1-Previous Screen F3-Exit F5-Curr. Owner
F6-Prev. Owner F8-Help F9-First F10-Next

RCRIS: Notification View Screen 4A of 6
EPA Id: PAD987342078 Other Id: Source: N
Waste Type RCRA Reg RCRA Reg State Reg State Reg
Activity: Status Desc Status Desc
HW Generator 1 R
HW TSD
HW Transporter

Mode of
Transportation: Air Rail Highway Water
Other

HW Burner/Blender
NHW Used Oil Recycler

Underground Injection Control:
Recycler:

Enter-Continue F1-Previous Screen F3-Exit F8-Help

RCRIS: Notification View Screen 5 of 6

EPA Id: PAD987342078 Other Id: Source: N

Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical
D001 D039 F001

Enter-Continue F1-Previous Screen F3-Exit
F8-Help F9-First F10-Next

Gen to S9V



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD987342078

06/27/94

INSTALLATION ADDRESS

CANTON MANUFACTURING CORP.
120 EAST SECOND ST
CANTON, PA 177240097
RALPH AGONI MFG ENGR

120 E SECOND ST
CANTON, PA 177240097

4/13/94 GEN

Pennsylvania Department of Environmental Resources
Bureau of Waste ManagementSUPPLEMENT TO U.S. EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM
(EPA Form 8700-12)

I. Installation's EPA I.D. Number

PAD987342078

II. Name of Installation

CANTON MFG.

III. Location of Installation

CANTON

Municipality (Township, Borough, City)

BRADFORD

County

IV. IRS Employer Identification Number

23 — 2293128

V. SIC Codes (four-digit number in order of priority)

3082

Specify: PLASTIC INT. MOLDING
(APPLIANCE)

Specify:

Specify:

Specify:

VI. Type of Hazardous Waste Activity

☐ 1. Generator☒ 2. Small Quantity Generator☐ 3. Treatment☐ 4. Storage☐ 5. Disposal☐ 6. Reuse, Recycle, Reclaim☐ 7. Permit by Rule☐ a. Waste H₂O Treatment Elementary Neutralization☐ b. Reclamation (see Instructions)

VII. Existing Environmental Permits

A. NPDES (Discharges to Surface Water)

D. PSD (Air Emissions from Proposed Sources)

B. UIC (Underground Injection of Fluids)

E. Municipal Waste (As defined in Act 97)

C. RCRA (Hazardous Waste)

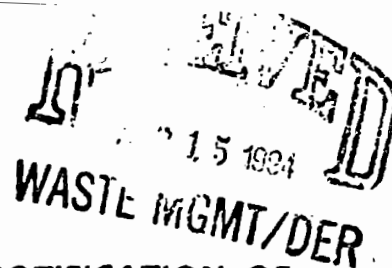
F. Residual Waste

G. Permit by Rule

Name of POTW

POTW NPDES Number

H. Other



INSTRUCTIONS FOR SUPPLEMENT TO U S EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM (EPA FORM 8700-12).

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Enter the EPA Identification Number for your facility. If you do not have an EPA Identification Number, please contact U.S. EPA Region III at 215-597-1230.

Item II - Name

Enter the legal name of the installation.

Item III - Location of Installation

Enter the municipality and county information if the physical facility location is within Pennsylvania. A municipality is the city, borough, or township within which the installation is physically located.

Item IV - IRS Employer Identification Number

Enter the Employer Identification Number assigned by the Internal Revenue Service. If you are not required to have a number enter "N/A".

Item V - SIC Codes

List, in descending order of significance, the four-digit Standard Industrial Classification (SIC) Codes which best describe your activity in terms of the principal products or services you produce or provide. Also specify each classification in words. These classifications may differ from the SIC Codes describing the operation generating the hazardous wastes.

SIC Code number are descriptions which may be found in the *Standard Industrial Classification Manual prepared by the Executive Office of the President, Office of Management and budget, which is available from the Government Printing Office, Washington, D.C. Use the current edition of the manual.*

Item VI - Type of Hazardous Waste Activity

1. Treater, 2. Storer, 3. Disposer

If you treat, store, or dispose of regulated hazardous waste, mark an "X" in the appropriate box. If you check one or more of these boxes, you are reminded that you should request a permit application.

4. Reuse, Recycle, Reclaim

If you reuse, recycle, reclaim hazardous waste, mark an "X" in this box. Attach a detailed description of your recycling activities to support your claim. Refer to the Department's regulations for requirements which may be more stringent than the Federal. Call the Department at 717-787-6239 if you have any questions.

5. Permit by Rule

If you request or claim Permit by Rule mark an "X" in this box. Attach a description of your system and other available information in support of your request.

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Enter the permit number for each Federal or State permit for your location. If you have filed an application but have not yet received a permit enter the number of the application, if any. If you have more than one permit under a particular permit program, list the additional permit numbers on a separate sheet of paper. If you checked Permit by Rule in Item VI and discharge to a publicly-owned treatment works (POTW), complete Item VII, G.

Hazardous Waste Inspection Report
Generators - Part A

Small Quantity Generator
Land Ban Restrictions

Date of inspection JANUARY 21, 1993 Time start 11:15 a.m. Time finish 15:05 p.m.
Name of inspector James Young
Company, installation name Canton Manufacturing
Location Canton BORO, S-East of Route 414
County Bradford Municipality Canton Borough
Identification number PAD 987342078
Name of responsible official MR. Russell Dibble
Title Plant Manager
Mailing address 120 East Second Street, P.O. Box 97, Canton, PA, 17724
Area code and telephone number 717-673-5145
Name of person interviewed MR. Ralph Agnoli, MR. Jim Moyer
Title Plant Engineer, Production Manager
Mailing address (if different from above) same
Area code and telephone number same

1. Current waste handling method:

- a. ☐ On-site ☐ treatment, ☐ storage, ☐ disposal ☐ PBR
- b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim
- c. ☒ Off-site ☐ treatment, ☐ storage, ☒ disposal
- d. ☒ Off-site ☐ use, ☐ reuse, ☒ recycle, ☐ reclaim

2. Amount of hazardous waste produced:

- a. 350 kg./mo.
- b. 4200 kg./yr.

3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

Waste Number	Destination Facility	Location and Type
FO01	Safety Kleen	Linden, N.J. Blending
FO05; D001	Northeast ENVIRON. SERVICES	Wampsville, N.Y. BURNING
D001	Safety Kleen	Athens, PA. Recycling

Hazardous Waste Inspection Report
Generators - Part B

Small Quantity Gen.

01-2193

PAD 98734 2078

1-No Violation Observed

2-Not Applicable

3-Not Determined

4-Non-Compliance

Status				REQUIREMENT	Chapter Citation
1	2	3	4		
					262
✓				Hazardous waste determination, copies available	.11
✓				Identification number	.12(a)
✓				Hazardous waste shipments offered only to licensed transporters	.12(d)
✓				Authorization received from TSD facility for wastes shipped off-site	.13
	✓			PA manifest used for intrastate shipments	.20(b)
✓				Disposer state manifest or EPA format manifest used for out-of-state shipments	.20(c)
✓				Manifests filled out properly and completely	.20(g)
✓				Manifests routed properly and within time limits (7 days)	.23(e) or (f)
✓				Proper U.S. DOT shipping containers or packages	.30(1)
✓				Shipping containers marked and labeled according to U.S. DOT	.30(2)
✓				Containers of 110 gal. or less marked with required PA label	.30(3)
	✓			Placards offered to transporter	.33
✓				Wastes accumulated on-site for less than 90 days	.34(1)
✓				Wastes stored in proper containers and properly marked and labeled	.34(2)
	✓			Containers managed in accordance with 265.171-.177	.34(3)
✓				Containers clearly marked with accumulation date and visible for inspection	.34(4)
✓				Records retained at designated location for 20 years	.40
	✓			Quarterly reports submitted to the Department	.41
	✓			Exception reporting procedures followed	.42
	✓			Hazardous waste disposal plan, if required	.45
	✓			Spill reporting procedures followed	.46(a)
	✓			Preparedness, Prevention and Contingency Plan and implemented	.46(e)
	✓			Special requirements followed for international shipments	50.53.55.60
	✓			On the job or classroom personnel training program 265.16	.34(a)(5)
	✓			Drum accumulation area inspected weekly as per 265.174	.34(a)(3)

Pennsylvania Department of Environmental Resources
Bureau of Waste Management

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

Small Quantity Gen.
PA0-987342078

01-21-93

1-No Violation Observed

2-Not Applicable

3-Not Determined

4-Non-Compliance

Status			REQUIREMENT	Citation
2	3	4		40 CFR Part 268
			Generators	
			Notification sent with shipments of wastes that do not meet treatment standards.	7(a)(1)
			Notification and certification sent with shipments of wastes meeting treatment standards.	7(a)(2)
			Dilution not used as a substitute for treatment.	3
			Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.	7(a)(5), (a)(6)
			Storage Facilities	
			Facility verifies generators classification of waste in accordance with waste analysis plan.	25 Pa Code 265.13(c)
			Containers marked to identify contents and accumulation date.	50(a)(2)
			Notification sent with shipments of wastes that do not meet treatment standards.	7(a)(1)
			Notification and certification sent with shipments of wastes meeting treatment standards.	7(a)(2)
			Facility maintains records of documents produced pursuant to LDR requirements.	7(a)(6)
			Treatment Facilities, including PBR and RRR Facilities	
			Dilution not used as a substitute for treatment.	3
			Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.	7(b)
			Certification and/or notification sent with shipments of waste.	7(b)(4), (b)(5), (b)(6)
			Land Disposal Facilities	
			Facility tests wastes received to assure compliance with applicable treatment standards.	7(c)(2)
			Facility land disposes of restricted waste only if it meets applicable treatment standard.	40
			Facility retains copies of generator notifications and certifications.	7(c)(1)

Inspection Report Comments

Date of Inspection January 21, 1992 Identification Number PAD 987342078

Company/Facility/Site Name Canton Manufacturing Corp.

- ~~Carbon tetrachloride~~ Perchloroethylene wastes were generated in a metal degreasing operation that was hand-operated using RAGS. The RAGS and clean-up were sent out as hazardous (No Longer used)
- This Facility does not generate a hazardous waste!
- Ethylene glycol chillers are used on the site. Any hazardous wastes ~~waste~~ is generated from Spill clean-up.
- Paint wastes are generated from a silk screening operation in the form of empty paint cans, cloth wipe-up RAGS and other materials. (No liquid wastes)
- Twelve drums of toluene/paint container waste were in storage and being shipped off-site for disposal. (Drums weigh 180#± per drum) Facility generates +4 drums/month
- TCLP testing is to be conducted on the hydraulic oil.

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (signature) Ralph Agnani Date 01/21/93
Inspector (signature) James J. Young Date _____
Page _____ of _____

INSPECTION REPORT - HAZARDOUS WASTE SMALL QUANTITY GENERATOR

Telephone # 717-673-5145

Operator Name Canton Manufacturing

Address 120 E. Second St. PO Box 97

Canton, PA 17724-0097

County BRADFORD

Title Dir. of OPERATIONS

Title Engineering Manager

Time 1315

Violation
01

If not, license number(s) and expiration dates of transporter(s): NY-3572CA, 31047-F-NY, NYD057770109

STATUS				REQUIREMENT	CHAPTER CITATION	LINE NUMBERS
1	2	3	4			
X				Amount of wastes generated per month is within small quantity generator limits. Average waste generated monthly <u>418 Kg</u>	261.5(a)	H491
X				Amount of waste accumulated is within small quantity generator limits	261.5(d)	H492
			X	Hazardous waste determination (262.11)	261.5(g)(1)	H493
		X		Records of quantities, descriptions and dispositions of all wastes retained for five years and furnished to the Department upon request	262.11(d)	H494
X				Storage within time limit specified (261.5(d))	261.5(g)(2)	H495
X				Manifest system used for off-site transport	262.20(a)	H496

___ a. Treatment or disposal at permitted on-site facility.
Permit Number _____ Treatment _____ Disposal _____

___ b. Delivered to a PA haz. waste facility Name of facility: _____

___ c. Delivered to a PA municipal or residual facility with Form S approval. Name of facility: _____

X d. Delivered to an approved out-of-state facility. Name of facility: _____
Northeast Environmental Services Inc

X e. Delivered to a reclamation, reuse, or recycle facility. Name of facility: _____
Safety Kleen Corp. Industrial Park Rd. Athens, PA

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

1-No Violation Observed				2-Not Applicable	3-Not Determined	4-Non-Compliance
Status				REQUIREMENT		Citation
2	3	4	40 CFR Part 268			
				Generators		
				Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
				Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
				Dilution not used as a substitute for treatment.		3
				Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.		7(a)(5), (a)(6)
				Storage Facilities		
				Facility verifies generators classification of waste in accordance with waste analysis plan.		25 Pa Code 265.13(c)
				Containers marked to identify contents and accumulation date.		50(a)(2)
				Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
				Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
				Facility maintains records of documents produced pursuant to LDR requirements.		7(a)(6)
				Treatment Facilities, including PBR and RRR Facilities		
				Dilution not used as a substitute for treatment.		3
				Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.		7(b)
				Certification and/or notification sent with shipments of waste.		7(b)(4), (b)(5), (b)(6)
				Land Disposal Facilities		
				Facility tests wastes received to assure compliance with applicable treatment standards.		7(c)(2)
				Facility land disposes of restricted waste only if it meets applicable treatment standard.		40
				Facility retains copies of generator notifications and certifications.		7(c)(1)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 3-24-94 Identification Number PA0987342078Company/Facility/Site Name Canton Manufacturing Corp.

A Routine Inspection was conducted by Pat Brennan of the Dept. at the above referenced Facility along with Ralph Agnani, Manager of Manufacturing Engineering. Mr. Agnani granted the Department permission to conduct this inspection. The facility operates an injection molding process & manufactures vacuum cleaners (Shop Vac).

The facility notified with the EPA as a Large quantity generator in 1991. At that time Perchloroethylene waste was generated, this waste stream has been eliminated. Currently the facility is a small quantity generator of hazardous waste & should renotify with the EPA as per Chp. 261.5(i) of PA Rules & Regulations. EPA form 8700-12 was left on site, Supplement to this form, ER-WM-53 will be mailed to the facility.

The Dept. informed the facility that if they do accumulate more than 1000 Kg. of HAZ. waste onsite at any time the facility shall follow the regulations of Chp. 261.5(d) of PA Rules & Regulations. & comply with Chpts. 262-265.

The following observations were made during this inspection:
- The facility utilizes a parts cleaner tank which is located in the facility's tool room. Waste solvents are transported & reclaimed by Safety-Kleen Corp. All records should be kept on site for a period of 5 yrs, as per Chp. 262.11(d) of PA Rules & Regulations. The facility should obtain this information from Safety-Kleen Corp.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____ Date _____

Inspector (signature) _____ Date _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 3-24-94 Identification Number PAD98734 2078Company/Facility/Site Name Canton Manufacturing Corp.

- A waste stream referred to as "Spill clean-up" is generated throughout the facility. Spills are collected by a wet vac & transferred to 55 gal. containers for storage. The waste consists of water, Ethylene Glycol, Hydraulic Oil, trace of mineral spirits. The facility provides analyses (TCLP) displaying this waste stream is now hazardous. Disposal of this waste stream is with Northeast Env. Services, located 446 Broad St. Waverly N.Y.
- Waste hydraulic oil is generated on-site. Safety-Kleen collects the hydraulic oil, certification of the oil displayed that < 1000 PPM Chlorine is within the hydraulic oil.
- Cleanup rags are sent to a commercial off-site laundry facility, Coyne Industrial Textile Services. The rags are stored on-site in fire preventative metal containers. A press was utilized to squeeze the solvents (Toluene) from the rags. The Department has determined that this is a form of treatment & would require a permit. This activity should cease, the rags should be sent directly to the off-site laundry facility. The rags should not contain free liquids, if they do, they should be stored with the F005 hazardous waste & managed as so.
- Waste paint related materials, consisting of cotton rags, empty paint cans & paint/Toluene are managed as hazardous waste, F005, D001. Manifest displayed the waste is documented as gallons. If the waste is non liquid, the unit of weight should be in pounds or kilograms.

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Person interviewed (signature) _____ Date _____

Inspector (signature) _____ Date _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 3-24-94 Identification Number PAD987342078Company/Facility/Site Name Canton Manufacturing Corp.

-Two roll-off containers utilized to store residual waste should incorporate a method to eliminate run-on ink these containers. SEE chpt. 299.116(b) of PA Rules & Regulations.

The facility operates a printing press located in the warehouse. A "Formula 31" is utilized to clean the ink rolls, the rolls are wiped clean with ^{discarded} ~~residue~~ filter material & disposed in the roll-off containers.

The facility should separate any materials which are used to clean the press from the remaining discarded filter scraps. A chemical analysis of this waste stream should be conducted as per 287.54 of PA Rules & Regulations & a hazardous waste determination should be made as per chpt. 262.11 of PA Rules & Regulations. When making a hazardous waste determination the facility can use generator knowledge and/or MSDS sheets. NOV (Notice of Violation) will be issued to Canton Manufacturing regarding this waste stream.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) mailed to facility Date _____Inspector (signature) Pete Brennan Date 3.30.94

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028, Expires 10-31-91
GSA No. 0246-EPA-07

Please refer to the instructions for filling out this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED
(For Official Use Only)
JUN 18 1991
JUN 14 REC'D

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

PAD987342078

II. Name of Installation (Include company and specific site name)

CANTON MANUFACTURING CORP.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

120 E SECOND ST.

Street (continued)

City or Town

CANTON

State

ZIP Code

PA

17724-0097

County Code

County Name

015

BRADFORD

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P O BOX 97

City or Town

CANTON

State

ZIP Code

PA

17724-0097

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

HILFINGER

LESTER

Job Title

Phone Number (Area code and number)

ENGRIN RING MANAGER 717-67351

VI. Installation Contact Address (See instructions)

A. Contact Address
Location

B. Street or P.O. Box

☒

P O BOX 97

City or Town

CANTON

State

ZIP Code

PA

17724-0097

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

SHOP-VAC CORPORATION

Street, P.O. Box or Route

2323 REACH ROAD

City or Town

WILLIAMSPORT

State

ZIP Code

PA

17701-

Phone Number (area code and number)

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

1. Generator (See instructions.) ☒ 3. Treater, Storer, Disposer (at installation)
 a. Greater than 1000 kg/mo (2,200 lbs.) ☐ Note: A permit is required for this activity; see instructions.
 b. 100 to 1000 kg/mo (220 - 2,200 lbs.) ☐
 c. Less than 100 kg/mo (220 lbs.) ☐
 2. Transporter (Indicate Mode in boxes 1-5 below) ☐ 4. Hazardous Waste Fuel
 a. Generator Marketing to Burner ☐
 b. Other Marketers ☐
 c. Burner - indicate device(s) -
 Mode of Transportation Type of Combustion Device
☐ 1. Air ☐ 1. Utility Boiler
☐ 2. Rail ☐ 2. Industrial Boiler
☐ 3. Highway ☐ 3. Industrial Furnace
☐ 4. Water ☐ 5. Underground Injection Control
☐ 5. Other - specify

1. Off-Specification Used Oil Fuel
 a. Generator Marketing to Burner ☐
 b. Other Marketers ☐
 c. Burner - indicate device(s) -
 Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 2. Specification Used Oil Fuel Marketer
 (or On-site Burner) Who First Claims
 the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐
 (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 D 0 3 9	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

Lester E. Hilfiger

LESTER HILFIGER ENGR. MGR.

6/12/91

XI. Comments

emo FROM:

TO: LOIS POWELL

U.S. EPA (REG 3)

WASTE MANAGEMENT BRANCH

MS 3 HW 34

841 CHESTNUT ST.

SUBJECT: PHILADELPHIA PA. RIOT

DATE: 6/12/91

OLD HERE

ENCLOSED YOU WILL FIND AN APPLICATION
FOR EPA ID #. PLEASE RUSH IF
POSSIBLE. IF ANYTHING WAS OMITTED
OR MORE INFO. REQUIRED - PLEASE CALL

Sincerely

by

Les Hilfiger



Les Hilfiger
Engineering Manager

Canton

MANUFACTURING CORP.

120 E. Second Street
P.O. Box 97
Canton, Pennsylvania 17724-0097
Telephone 717-673-5145
Fax 717-673-5511



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+

PAD987342078

INSTALLATION ADDRESS

HILFIGER LESTER ENGRIN RING MG
CANTON MANUFACTURING CORP
PO BOX 97
CANTON PA 17724

120 E SECOND ST
CANTON PA 17724